

PERMIT NO. _____

**THE CITY OF GROTON
BUILDING DEPARTMENT**

295 MERIDIAN STREET, GROTON, CONNECTICUT 06340

Application and Demolition Permit

Address of Building _____

Owner of Building _____ Address _____

Type of Construction _____ No. stories _____

Demolition method and type of equipment to be used _____

Demolition Contractor _____ License No. _____

Address _____ Tel. No. _____

Insured with _____ Address _____

Permit fee _____

ESTIMATED COST \$

SIGNATURE

(This section for Groton Utilities only)

I hereby certify that the electrical, water, and sewer services at the above address have been disconnected.

(Signature)

(Date)

I hereby certify that The City of Groton and its agents shall be saved harmless from any claim or claims arising out of the negligence of myself or my agents or employees in the course of demolition operations. I further agree to comply with all provisions of the Connecticut State Demolition Code, and DEP regulations.

Disposal Site _____ Address _____

Owner _____ Address _____

Contractor _____ Date _____

Supporting documents attached

1. Insurance policy
2. Postal receipts for registered or certified mail notifying adjoining property owners.
3. Written statement from site permittee accepting disposal from this project, and certifying that receipts shall be provided to this office.

Permit Approved _____ Date _____

Cellar filled _____ Septic tank _____ Oil/Gas tank _____

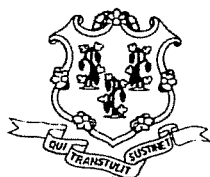
Permit completed _____ Date _____

DEMOLITION PERMIT GUIDELINES

CITY OF GROTON

The following is a list of things that must be submitted to acquire a demolition permit in the City of Groton. Connecticut General Statutes; 29-406 requires these items

1. Certificate of Insurance: minimum requirements
 - Specifying demolition purposes
 - Bodily injury liability- \$100,000/person; \$300,000 aggregate minimum
 - Property damage- \$50,000/accident; \$100,000 aggregate minimum
 - Must state City of Groton and its agents are held harmless from any claim arising out of negligence in course of demolition operations
 - Exceptions when insurance is not needed: see #3 Exceptions
2. Certificate of notice by all public utilities having service connections within the premises that such connections and service have been severed. (on permit application)
 - For Pfizer and EB someone must sign off on the demolition permit to this effect. Either Groton Utilities personnel, if they service the structure or Facilities Management from either Pfizer or EB.
3. Must possess and show a valid certificate of registration as a demolition contractor.
 - Exceptions: renovations to an existing structure, any historic building being disassembled for moving of the structure, owner when demolishing a single family home or outbuilding, farm buildings
4. Permit must be signed by both the owner and demolition contractor.
5. Demolition shall not commence unless each adjoining property owner has been notified by registered or certified mail with the receipts received in this office.
 - Exception: Pfizer or EB unless building abuts a residential zone
6. State agencies must apply to this office for demolition permits for state owned buildings
7. CGS 19a-332b – requires contractors performing asbestos abatement or any person conducting demolition to notify the Commissioner of Public Health at least 10 days prior to onset of demolition. This is the contractor's responsibility not the City of Groton's.
8. CGS 7-147j – requires a 90-day delay from date of permit issuance for **any building** in the historic district. 7-147d, 7-147s requires a certificate of appropriateness prior to issuance of permit for any building or structure in the historic district.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

FOR STATE USE ONLY
Postmark _____
Date _____
Check # _____
Transmittal No. _____
Amount Paid _____
Record No. _____

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY (\$50) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification. Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

1.

TYPE OF NOTIFICATION:

A ☐ NEW B ☐ EMERGENCY C ☐ REVISED ITEMS REVISED

2.

FACILITY OWNER:

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE NO. _____

3.

LOCATION OF FACILITY TO BE DEMOLISHED:

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE NO. _____

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES ☐ NO ☐

4.

INSPECTION INFORMATION: NAME OF INSPECTOR _____

LICENSE # _____

DATE OF INSPECTION _____

INSPECTOR _____

CITY _____

ADDRESS _____

STATE _____

ZIP _____

PHONE NO. _____

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.



Phone: (860) 509-7367/ Fax (860) 509-7378
Telephone Device for the Deaf: (860) 509-7191
410 Capitol Avenue, MS# 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
Affirmative Action / An Equal Opportunity Employer

5(A.)	DEMOLITION START DATE:	5(B.)	DEMOLITION COMPLETION DATE:
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6. USE OF FACILITY:

A. SCHOOL (K-12) B. PUBLIC BUILDING C. MANUFACTURING D. OFFICE E. COLLEGE
 F. COMMERCIAL G. CHURCH SYNAGOGUE H. RESIDENTIAL, # OF DWELLINGS I. OTHER

(I. SPECIFY)

7. BUILDING DATA:

SQUARE FEET:	# OF FLOORS:	AGE:
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8. DEMOLITION CONTRACTOR:

NAME: _____ CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NO: _____

9. DEMOLITION DISPOSAL FACILITY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NO: _____

10. DEMOLITION WASTE HAULER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NO: _____

11. PERSON COMPLETING THIS FORM:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NO: _____

SIGNATURE _____ **DATE:** _____

The submission of the **Notification of Demolition Form** is not required provided that an **Asbestos Abatement Notification Form** was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the **Asbestos Abatement Notification Form** submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (**Notification of Demolition Form** or **Asbestos Abatement Notification Form**, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.

THE CITY OF GROTON

Zoning and Building Department

NEW-RESIDENTIAL & COMMERCIAL NOTIFICATION/APPROVAL

DEMOLITION PERMIT

DATE: _____

LOCATION OF PROPERTY	_____
PROPERTY ID#	_____
PROJECT NAME	_____
PROPERTY OWNER	_____ PHONE # _____
APPLICANT	_____ PHONE # _____

**ALL OF THE BELOW SIGNATURES MUST BE OBTAINED
BY THE APPLICANT AND RETURNED TO THE BUILDING
DEPARTMENT PRIOR TO ISSUANCE OF A BUILDING
PERMIT.**

DEPARTMENT/ AGENCY	PERMIT NOTIFICATION	DATE SIGNED	SIGNATURE
Planner	Site Plan Approval		
Planner	Special Permit		
Planner	Soil Erosion/Fill		
Utilities	Sewer		
Utilities	Water		
Utilities	Electric		
Utilities	Building Number		
Fire Marshall	Plan Review		
Sanitarian	Health Conformance		
Highway Department	Roads, Drainage, Driveway- Curb Cuts		
Conservation Commission	Fill/Erosion Sedimentation Control		
DOT	State Highway Work		

NOTE: Please attach any comments as necessary.